U.S. Department of Labor Office of E. Doreston agement Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



Name Javier

1. File Number **U** - 4495

3. Name and address of person filing.

M Perez

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

Name Amalgamated Transit Union, AFL-CIO, CLC

4. Name, file number, and address of labor organization.

	Labor Organization File Number 000 160
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 923 West 33rd Street	Street 5025 Wisconsin Ave., NW
City Kansas City	City Washington
State Missouri ZIP Code + 4 64111-3606	State District of Columbia ZIP Code + 4 20016-4139
5. Position in labor organization. International Vice-President	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed On Date (816) 931-8208 Telephone Number	
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Name of Person Filing Javier Perez	File Number U -	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name		
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street	S. Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Jacobs, Burns, Orlove, Stanton & Hernandez	12/6/04: Christmas Box of Chocolates	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 122 S. Michigan Ave., Suite 1720		
City Chicago State Illinois ZIP Code + 4 60603-6145		
State Illinois ZIP Code + 4 60603 - 6145	44 h America to financia del	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	